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GROUP 1700

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Matyjaszewski et al.

Serial No: 09/034,187

Group No.: 1700

Filed: March 3, 1998

Examiner: R. Rabago

For: NOVEL (CO)POLYMERS AND A NOVEL POLYMERIZATION PROCESS BASED ON ATOM (OR GROUP) TRANSFER RADICAL POLYMERIZATION

Assistant Commissioner for Patents
Washington, DC 20231

EXPRESS MAIL CERTIFICATE

"Express Mail" label number EG831852402US

Date of Deposit August 17, 2000

I hereby certify that the following attached paper or fee

AMENDMENT TRANSMITTAL (In duplicate)
AMENDMENT and RESPONSE TO OFFICE ACTION (WITH ATTACHMENTS)
REVOCATION AND POWER OF ATTORNEY
TERMINAL DISCLAIMER
3.73 STATEMENT
CHECK PAYABLE TO PTO (For Ext. and Extra Claims Fee)

is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to: Assistant Commissioner of Patents, Washington, D.C. 20231.

Beth H. Retort

(Typed or printed name of person mailing paper or fee)

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NOTE: The label number need not be placed in each page. It should, however, be placed on the first page of each separate document, such as, a new application, amendment, assignment, and transmittal letter for a fee, along with the certificate of mailing by "Express Mail." Although the label number may be on checks, such a practice is not required. In order not to deface formal drawings it is suggested that the label number be placed on the back of each formal drawing or the drawings be accompanied by a set of informal drawings on which the label number is placed.

(Express Mail Certificate [8-3])



Attorney's Docket No. 00155DIV

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**Assistant Commissioner for Patents
Washington, D.C. 20231**

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is

☐ a small entity. A verified statement:

☐ is attached.

☐ was already filed.

☒ other than a small entity.

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8a)

I hereby certify that this correspondence is, on the date shown below, being:

MAILING

☐ deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

FACSIMILE

☐ transmitted by facsimile to the Patent and Trademark Office.

Signature

(type or print name of person certifying)



FEE FOR CLAIMS

4. The fee for claims (37 CFR 1.16(b)-(d)) has been calculated as shown below:

| (Col. 1) | | (Col. 2) | | (Col. 3) | SMALL ENTITY | | | OTHER THAN A SMALL ENTITY | |
|--|-----|--------------------------------|------|---------------|------------------|------------|----|---------------------------|------------|
| CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NO PREVIOUSLY PAID FOR | | PRESENT EXTRA | RATE | ADDIT. FEE | OR | RATE | ADDIT. FEE |
| TOTAL | 64• | MINUS | 61•• | =3 | x9= | \$0 | | x18= | \$54.00 |
| INDEP. | 2• | MINUS | 3••• | =0 | x 39= | \$0 | | x78= | \$0 |
| <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM | | | | | +130= | \$ | | +260= | \$ |
| | | | | | TOTAL ADDIT. FEE | \$0 | OR | TOTAL ADDIT. FEE | \$54. |

- If the entry in Col. 1 is less than entry in Col. 2, write "Y" in Col. 3.
- If the "Highest No. Previously Paid for" IN THIS SPACE is less than 20, enter "20."
- If the "Highest No. Previously Paid for" IN THIS SPACE is less than 3, enter "3."
The "Highest No. Previously Paid for" (Total or indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

WARNING "After final rejection or action (§ 1.113) amendments may be made cancelling claims or complying with any requirement of form which has been made." 37 CFR § 1.116(a) (emphasis added).

Complete (c) or (d), as applicable)

- (c) ☐ No additional fee for claims is required.

OR

- (d) ☒ Total additional fee for claims required \$ 54.00

FEE PAYMENT

5. ☒ Attached is a check in the sum of \$ 942.00
- ☒ Charge Account No. 11-1110 the sum of \$ 110.00
for filing a Terminal Disclaimer.
- A duplicate of this transmittal is attached.



FEE FOR CLAIMS

4. The fee for claims (37 CFR 1.16(b)-(d)) has been calculated as shown below:

| (Col. 1) | | (Col. 2) | | (Col. 3) | SMALL ENTITY | | | OTHER THAN A SMALL ENTITY | |
|--|-----|--------------------------------------|------|------------------|------------------------|---------------|----|------------------------------|---------------|
| CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NO PREVIOUSLY PAID FOR | | PRESENT EXTRA | RATE | ADDIT. FEE | OR | RATE | ADDIT. FEE |
| TOTAL | 64• | MINUS | 61•• | =3 | x9= | \$0 | | x18= | \$54.00 |
| INDEP. | 2• | MINUS | 3••• | =0 | x39= | \$0 | | x78= | \$0 |
| <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM | | | | | +130= | \$ | | +260= | \$ |
| | | | | | TOTAL ADDIT. FEE | \$0 | OR | TOTAL ADDIT. FEE | \$54. |

- If the entry in Col. 1 is less than entry in Col. 2, write "y" in Col. 3.
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Complete (c) or (d), as applicable)

(c) ☐ No additional fee for claims is required.

OR

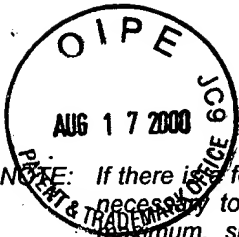
(d) ☒ Total additional fee for claims required \$ 54.00

FEE PAYMENT

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FEE DEFICIENCY

NOTE: If there is a fee deficiency and there is no authorization to charge an account, additional fees are necessary to cover the additional time consumed in making up the original deficiency. If the maximum, six-month period has expired before the deficiency is noted and corrected, the application is held abandoned. In those instances where authorization to charge is included, processing delays are encountered in returning the papers to the PTO Finance Branch in order to apply these charges prior to action on the cases. Authorization to charge the deposit account for any fee deficiency should be checked. See the Notice of April 7, 1986, (1065 O.G. 31-33).

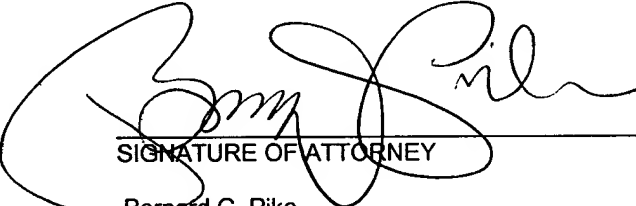
6. ☒ If any additional extension and/or fee is required, charge Account No.

7. 11-1110

AND/OR

☒ If any additional fee for claims is required, charge Account No.

11-1110



SIGNATURE OF ATTORNEY

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Bernard G. Pike
(type or print name of attorney)

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